				· · · · · · · · · · · · · · · · · · ·	-			
and File on or before FINAL NOTICE: will be dissolved		Limited Lia	ability Company	* ==				
ANNUAL REPORT Se			MENT OF STATE Marris of State RPORATIONS	SECRETARY OF STATE DIVISION OF CORPORATIONS				
FILING FEE Annual Report \$100.00 + \$ \$ 588.75 Make Check Payab	88.75 Corporation Su le To: FLORIDA I	pplemental Fee	+ \$400.00 Late Fee	99	JUL 22	AM 10:	13	
of Limited Liability Company	UMENT #	L98000	000578		·		······································	
R S K OF DESTIN, L.C. 34894 EMERALD COAST PARKWAY DESTIN FL 32541			1a. Principal Place of Business Address 34894 EMERALD COAST PARKWAY DESTIN FL 32541					
2 Principal Place of Business 2 A Mailing Address 2 A Mailing Address 3 AME			AMF.	3. Date Organized or Qualified 3s. State of Formation				
Suite, Apt. #, etc. Suite, Apr.				05/07/1 4. FEI Number	998	FL		
City & State DEST IN, FL	City & State	STIN .	FL	5. Date of Last R	35108		Applied For Not Applicable ate of Status Desired	
Zip 32541 Country USA	Zip 3251	11 C&	<i>'USA</i>	<u> </u>		\$8.75 Addit	non.il Fee Required	
REYNOLDS, KATHLEEN ESQ. 305 MAIN STREET Street Address				Name and Address	of New Regis	tered Agen	t/Office	
			Street Address	Address (P.O. Box Number is Not Acceptable)				
DESTIN FL 32541			Suite, Apt. #, et	_ 				
			City	City Zip Code				
 Pursuant to the provisions of Sections 608.4 its registered office or registered agent, or both, if as registered agent, and accept the obligations 	n the State of Florida. S				ubmits this state			
SIGNATURE	obing Appointment) (NOTE R	enistered Agent sign	alue required when reinstah	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DATE	1-12	-99	
10. Title Managing Members/Mana	 -		iness Street Address		City	, State and a	Zip Code	
MGR VEACH, KERRY	34	4894 EM	ERALD COA	ST PARKWA	DESTIN	1 FL		
				71	□□□□□□ -07/3 ****	2 94 2 27/99- 188,79	2477 -01033001 5 ****188.7	
				!	Į.			
11. I do hereby certify that the information supplicindicated on this annual report is true and accur	ate and that my signat	ure shall beve th	ne same figal effect a	as if made under oath	; that I am a ma	naging mem	ber or manager of the	
imited liability company or the receiver or truste attainment with an address. SIGNATURE:	e empowered to exect	to this port as	requited by Chapter	r 608, Florida Statutes	s; and that my n.	ame appear GG	s in Block 10, or on an	
GIGNATURE AND GI	PED ON PHINTED NAME O	OF SIGNING MANAG	NG MEMBEH OH MANAGER		Date	- ' - '	Daytinie Phone #	

We did not receive let notice.

can fine le refunded?

Please call (850) 837-9410